

09/52971

## ISSUE SLIP STAPLE AREA (for additional cross references)

5/26/00

Vonda M. Wallace  
Paralegal Associate

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	25	05-13-00	
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
1	✓ 5/26/00
2	✓ 5/26/00
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5	✓ 5/26/00
6	✓ 5/26/00
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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